

GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:

Date of SBE Approval of Grant Criteria 6/26/03

2003--2005 Teacher Quality Enhancement Sub-Grant
(years) (years) (title)

Type: ☐ Initial ☒ Amendment ☐ Continuation

Legislation Authorizing This Grant Program:

☒ Federal Grant: CFDA Number 84.336 ☐ State Grant ☐ Other (Private, Foundation)

2. Purpose of Grant Program: Teacher Quality Enhancement Sub-grant

Type of Grant Program: (check one)

☒ Competitive
☐ Formula
☐ Other: (specify below)

3. SBE Priorities and Policies That This Grant Program Supports: (check all that apply)

Priorities

- ☒ Integrating Communities and Schools
☒ Elevating Educational Leadership
☒ Embracing the Information Age
☒ Ensuring Early Childhood Literacy
☒ Ensuring Excellent Educators

Policies

- ☐ Bullying
☐ Character Education
☐ Creating Effective Learning Environments
☐ Family Involvement
☐ Safe Schools

☐ Other: (specify below)

4. Grant Categories (if not described in Item 2): ☒ NOT APPLICABLE

5. Target Population to be Served by Grant:

Administrators and Educators across Michigan.

6. Total Funds Awarded:

\$1,930,723.00 Additional award requested of \$95,111.00

7. Eligible Applicants:

All approved teacher preparation institutions in Michigan.

8. Description of Priorities Given to Any Specific Population or Location: ☐ NOT APPLICABLE

This grant addresses the availability of teachers for high needs schools and for teachers prepared to teach content areas that are in greatest demand.

9. Grant Administration:

<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>
Office of Prof. Preparation Services	Professional Preparation and Development	Dr. Bonnie Rockafellow	37861

Prepared by: Claudia Nicol

Phone Number: 51151

10. OFFICE

Office Director Approval Signature:



Date:

5/31/05

Phone: 373-6505

Comments:

11. GRANTS OFFICE

Grants Office Approval Signature:



Date:

6/3/05

Comments:



Exhibit A Not Required



Exhibit B Not Required



Exhibit C Not Required

12. DEPUTY SUPERINTENDENT

Deputy Superintendent Approval Signature:



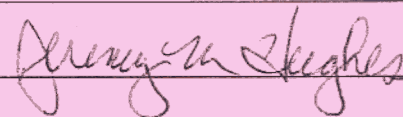
Date:

6/3/05

Comments:

13. SUPERINTENDENT

Superintendent Approval Signature:



Date:

6-13-05

Comments:

INSTRUCTIONS

A. Complete items 1-10 on this form. The Grants Administration and Coordination Unit will facilitate completion of items 11-14.

B. Attach three (3) sets of Exhibits A, B, and C.

Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.

Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.

Exhibit C---Map of Michigan indicating the location of recommended applicants. Link to:
<http://www.mdeintranet/inside/off/grants/grants.htm> for sample maps.

C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.

D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grants Administration and Coordination Unit.

Exhibit A

2002-2003
Teacher Quality Enhancement Sub-Grant # PL 105-244
2003-2005
Recommended for Funding

Recipient	Awarded to date	Additional recommended funding	Total Award
Michigan State University	\$1,930,723	\$95,111	\$2,025,834